OCT 28 2004
PATENT & TRADEMARK OFFICE

Attorney Docket No. RSW92001008US1 (5577-303) PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Ronald P. Doyle et al. Confirmation No.: 6499
Serial No.: 09/764,827 Examiner: Carl Colin
Filed: January 17, 2001 Group Art Unit: 2136
For: TECHNIQUE FOR CONTINUOUS USER AUTHENTICATION

CERTIFICATE OF MAILING UNDER 37 CFR 1.8
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 26, 2004.

Audra Wooten

October 26, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
NOV 5 2004
Group 2100

SUBMISSION OF TERMINAL DISCLAIMER UNDER 37 C.F.R. § 1.321(b)

Sir:

Applicant hereby submits the enclosed Terminal Disclaimer Under 37 C.F.R. § 1.321 for the above referenced application. The Examiner is authorized to charge Deposit Account No. 09-0461 in the amount of $110.00 [37 C.F.R. § 1.20(d)] to cover the fee for filing a Terminal Disclaimer and for any additional fee which may be required or to credit any overpayment.

Respectfully submitted,

David K. Purks
Registration No. 40,133

USPTO Customer No. 46589
Myers Bigel Sibley & Sajovec
Post Office Box 37428
Raleigh, North Carolina 27627
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12/10/2004 EWARREN 00000001 090461 09764827

01 FC:1814 110.00 DA

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Mail Stop Amendment
Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

Applicants provide the present Amendment to address the issues raised in the Office Action mailed July 30, 2004.

It is not believed that an extension of time and/or additional fee(s)-including fees for net addition of claims-are required, beyond those that may otherwise be provided for in documents accompanying this paper. In the event, however, that an extension of time is necessary to allow consideration of this paper, such an extension is hereby petitioned under 37 C.F.R. §1.136(a). Any additional fees believed to be due in connection with this paper may be charged to Deposit Account No. 09-0461.

12/10/2004 EWARREN 00000002 090461 09764827

01 FC:1201 264.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number: 09/764,827

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	105	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	105 minus 20=	* 85
INDEPENDENT CLAIMS	6 minus 3 =	* 3
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X$ 9=		OR	X$18=	1530
X40=		OR	X80=	240
+135=		OR	+270=	
TOTAL		OR	TOTAL	2,480

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 9	Minus	** 105	=
Independent	* 9	Minus	*** 6	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	** 20	=
Independent	*	Minus	*** 9	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.